

215047517
70054

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-107206	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	11/17/2015		TIME OF ACCIDENT 0246		STATE USE ONLY 11/17/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0246	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 10th st		ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	01	NAME OF INTERSECTING ROADWAY "O" St					
V2/M	06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	2	VEHICLE NO. 1					
V1/N	2	DRIVER LICENSE NO.	H13278346	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		PHONE (402)441-6000	LOCAL NO.	
G	5	OWNER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/17/1993	
H	5	LICENSE PLATE	GM NO. 32513	YEAR (Plate Expires)	NE	STATE (Of Plate)	
V1/O	2	VEHICLE	2015	MAKE Ford	MODEL XPO	BODY STYLE Medium/large u	
V2/O	1	VEHICLE ID NO. (VIN)	1FM5K8AR2FGC16472		COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500	
I	2	VEHICLE NO. 2					
V1/P	1	DRIVER LICENSE NO.	DINIAM18BA	STATE (Of License)	WA	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		PHONE (253)314-1518	LOCAL NO.	
J	01	OWNER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/01/1982	
V1/Q	4	LICENSE PLATE	TE NO. PWA9778	YEAR (Plate Expires)	2016	STATE (Of Plate)	
V2/Q	4	VEHICLE	2007	MAKE Freightliner	MODEL Tractor	BODY STYLE Tractor with se	
K	02	VEHICLE ID NO. (VIN)	1FUJAECK47PY85329		COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500	
		TOWED TO	TOWED BY		INSURANCE COMPANY	Zurich American Insurance	
				POLICY NO.		CA05532745-01	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

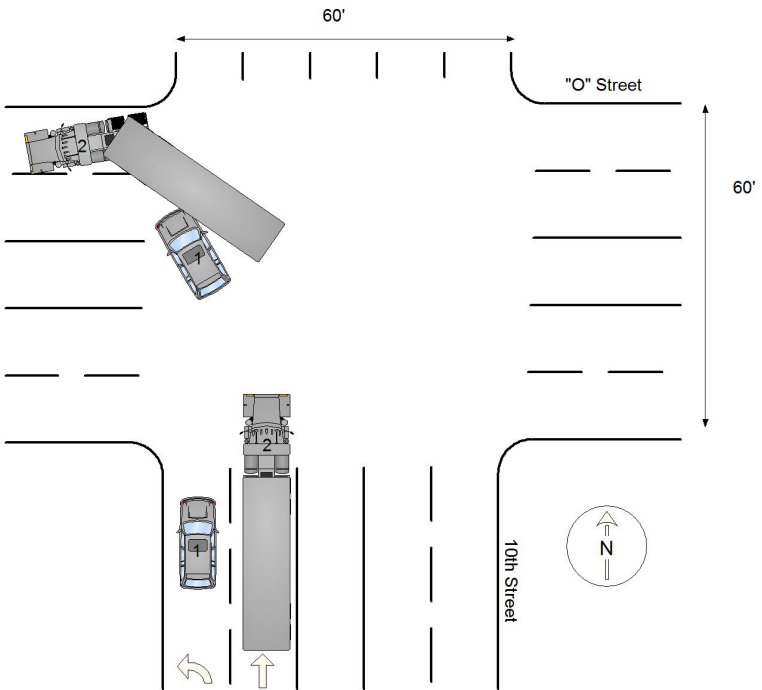
AGENCY CASE NO.
B5-107206



Indicate
North
by Arrow

Point of Impact
10'6" N of S "O" St
14'3" E of W 10th St

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1, a Lincoln Police Officer, operating a marked LPD cruiser, advised that she was north bound on 10th street in the inside turn lane, attempting to make a left hand turn to go west bound on "O" st. D1 said she observed Vehicle 2 in the outside lane of traffic and began her turn. D1 said Vehicle 2 then made a left hand turn in front of her causing the trailer portion of the vehicle to impact the passenger side of her cruiser. D2 said he was north bound on 10th st. and made a wide turn to go west bound on "O" st. D2 said he never observed Vehicle 1 in the inside lane of traffic and did not realize there was an impact until officers stopped his vehicle on West "O" st.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)											
1	X				10th	VEHICLE 1		VEHICLE 2		4		2		VEH 1		VEH 2	
2	X				10th	POINT OF IMPACT	02	POINT OF IMPACT	07					Driver No. 1		Driver No. 2	
1	06	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		ALCOHOL/DRUGS SUSPECTED	
2	06	08 Entering traffic lane								2 Deployed - side		2 Lap & shoulder belt used		Y		1	
01 Essentially straight ahead						00 None	02	03	04	3 Deployed - both front/side		3 Shoulder belt only used		N		1	
02 Backing						09 Top & windows				4 Not deployed		4 Lap belt only used		X		1	
03 Changing lanes						10 Undercarriage				5 Not applicable/ No airbag available		5 Child safety seat used		N		1	
04 Overtaking/ Passing						11 Total (all areas)				6 Unknown		6 Child booster seat used		X		1	
05 Turning right						12 Other						7 DOT approved helmet used		N		1	
13 Unknown												8 Costume helmet used		N		1	
												9 Restraint use unknown		BAC LEVEL		1 Neither alcohol nor drugs suspected	
OFFICER NO. 887						TROOP/TEAM/BEAT NE				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) David Munn						INVESTIGATOR SIGNATURE Approved by Sergeant David Munn						DATE OF REPORT 11/17/2015					

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 076		DATE OF ACCIDENT 11/17/2015		COUNTY Lancaster		CITY Lincoln		STATE USE ONLY			
AGENCY CASE NO. B5-107206		OCCURRED ON HIGHWAY/ROAD/STREET 10th st									
TRUCK / BUS - 1											
DRIVER (Print or type full name) Dini M Abdirizak					CARRIER IDENTIFICATION 1 U.S. DOT 72830			1 ICC MC			
CARRIER NAME (Print or type full name) FAF Inc.					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.						
CARRIER ADDRESS (Street or R.F.D.) 6800 Port Road, Groveport, OH 43125					CITY, STATE, ZIP						
TRAILER LICENSE PLATE No. U378572		Year 2016		State TN		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input checked="" type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input checked="" type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown		
1 <input checked="" type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input checked="" type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>							
HAZARDOUS MATERIAL INVOLVED											
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No							
TRUCK / BUS - 2											
DRIVER (Print or type full name)					CARRIER IDENTIFICATION 1 U.S. DOT			1 ICC MC			
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.						
CARRIER ADDRESS (Street or R.F.D.)					CITY, STATE, ZIP						
TRAILER LICENSE PLATE No.		Year		State		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown		
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INVESTIGATOR NAME (Print or type) David Munn					INVESTIGATOR SIGNATURE Approved by Sergeant David Munn			DEPARTMENT Lincoln Police Department		OFFICER NO. 887	DATE OF REPORT 11/17/2015